

Wisconsin Department of Safety and Professional Services

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

DOCUMENTATION OF CLINICAL EXPERIENCE GAINED UNDER TRAINING LICENSE- SUPERVISOR'S AFFIDAVIT OF APPLICANT'S COMPETENCIES

(A copy of this form is to be completed by each supervisor.)

MPSW 12 of the Wisconsin Administrative Code requires an affidavit that the applicant, after receiving an appropriate master's degree will complete at least 3,000 hours of supervised professional counseling practice in no less than 2 years, including at least 1,000 hours of face-to-face client contact. Or, the applicant will have completed, either during or after completion of a doctoral degree program, at least 1,000 hours of supervised professional counseling practice. This experience will include the diagnosis and treatment of mental, emotional, or behavioral disorders using established methods (Wis. Stats. 457.01(8m); or the provision of rehabilitation counseling. Consistent with MPSW 12 and MPSW 10.01(6), supervision requires one hour of face-to-face individual or group (no more than 6 supervisees) supervision of at least one-hour duration during each week of supervised practice. The supervisor may exercise discretion in averaging out supervision over the course of the period of supervision. The supervisor meets the criteria under s. MPSW 12, Wis. Admin. Code.

Please Type or Print In Ink

NAME OF APPLICANT: _____

APPLICANT'S TRAINING LICENSE NUMBER: _____

NAME OF SUPERVISOR (please print): _____

SUPERVISOR'S LICENSURE: Profession: _____ NUMBER: _____

Supervisor, check box indicating your qualification and sign below:

- ☐ An individual licensed as a professional counselor, who has received a doctorate degree in professional counseling.
- ☐ An individual licensed as a professional counselor, who has engaged in the equivalent of 5 years of full-time professional counseling.
- ☐ A psychiatrist or psychologist licensed under ch. 455.
- ☐ A person employed by the division of vocational rehabilitation as a vocational rehabilitation supervisor, who is licensed as a professional counselor or who has engaged in the equivalent of 5 years of full-time professional counseling.
- ☐ Another individual approved in advance by the Professional Counselor section. Applicant must include a current resume of the requested supervisor indicating professional credentials, including PC related training, clinical and supervisory experience. Also enclose a written explanation of the reason this individual is being requested instead of one of the professionals listed above.

Beginning and ending dates the applicant was under my supervision:

From: _____ To: _____
month day year month day year

In the process of gathering 3000 hours of total experience, this applicant accumulated _____ hours of face-to-face client contact. During this time, I met with the applicant for _____ hours of face-to-face supervision.

Name and address of facility where applicant accumulated client-contact: _____

Brief description of applicant's clinical responsibilities in this position: _____

EVALUATION OF APPLICANT: To complete the supervision requirements, applicants must demonstrate minimum competency in the areas listed below (Wis. Stats 457.01(8m)). Please check your evaluation of the applicant in each area listed below.			<u>YES</u>	<u>NO</u>
1) <u>Conducting Appropriate Evaluation and Assessment</u> Applicant was able to evaluate and assess difficulties and strengths in psychosocial functioning of a group, family, couple or individual; or was able to assess functional limitations within a rehabilitation setting.			<input type="checkbox"/>	<input type="checkbox"/>

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	<u>YES</u>	<u>NO</u>
<p>2) <u>Conducting Diagnostic and Treatment/Counseling Formulation</u></p> <p>Applicant was able to demonstrate skill in the application of a differential diagnosis and was able to apply client symptoms and behaviors in formulating a diagnosis pursuant to the current DSM; or skill in developing an appropriate rehabilitation plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3) Rendering Appropriate <u>Treatment/Counseling</u></p> <p>Applicant was able to demonstrate skill in establishing and monitoring a treatment or rehabilitation plan using established methods, and was able to apply the components of the treatment plan to the diagnostic/rehabilitation assessment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4) <u>Demonstrating Professional Relationships in Treatment/Counseling</u></p> <p>Applicant was able to demonstrate skill in the development and appropriate use of the professional relationship, and was able to apply the necessary skills to develop a professional relationship in the phases of the treatment process including intervention, counseling of an individual, couple, family or group; psychotherapeutic services to individuals, couples, families and groups, or through rehabilitation counseling process.</p> <p style="padding-left: 40px;">Applicant has the skills and knowledge necessary to practice psychotherapy or rehabilitation counseling independently.</p> <p style="padding-left: 40px;">Applicant can make an accurate DSM diagnosis, or can adequately determine functional limitations.</p> <p style="padding-left: 40px;">Applicant is able to provide appropriate treatment without supervision.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5) <u>Demonstrating Professional Identity and Ethics in Treatment/Counseling</u></p> <p>Applicant uses supervision and shows continuing development of clinical/intervention skills.</p> <p>Applicant demonstrates knowledge of strengths and limitations of his/her profession and the distinctive contributions of other mental health and health professionals.</p> <p>Applicant makes appropriate referrals to other health providers and resources in the community.</p> <p>Applicant knows and understands the laws related to life-threatening situations, child abuse, elder abuse, physical abuse, etc.</p> <p>Applicant is aware of the importance of on-going professional growth and the necessity of gaining approved continuing education as a professional counselor.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>6) <u>Demonstrating Effective Case Management and Record Keeping Methods</u></p> <p>Applicant uses established methods to maintain appropriate clinical records and client data, and understands the circumstances under which various records can be released.</p>	<input type="checkbox"/>	<input type="checkbox"/>

I swear that the foregoing information is true and accurate.

Signature of Supervisor

State of _____ County of _____

Subscribed and sworn to before this _____ day of _____

_____, 20____ by _____
(Supervisor Name)

Signature of Notary Public

SEAL

Date Commission Expires _____

NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF THE NOTARY, ON THE SAME DATE.